

EXAMPLES

(Continued)

Forms Completed by Platers, Inc.

Form GM, page 5 of 6: A hazardous waste (rinse waters from electroplating operation) generated on site from a production process or service activity.

Section I Waste characteristics. A narrative description of the waste is entered in **Box A**. The appropriate EPA waste code for the waste D006, is entered in **Box B**; "NA" is entered in the remaining spaces for the EPA hazardous wastes. **Box C** is left blank because there are no state-defined hazardous waste codes applicable to this waste. The SIC code associated with the overall activities at the site, which is 3471 for plating and polishing, is entered in **Box D**. An Origin Code of 1 is entered in **Box E** to indicate that the waste was generated on site from a production process or service activity. "NA" is entered in System Type, **Box E**, since the waste was not a residual from on-site treatment of a hazardous waste. The Source code for electroplating, A22, is entered in **Box F**. Code 1 is entered in **Box G** because the waste was not mixed with any other waste prior to being measured. In **Box H**, the Form code for caustic solution with metals and cyanide B107, is entered. Code 2 is entered for **Box I** because the RCRA waste (D006) is not mixed with radioactive materials.

Section II On-site generation and management of hazardous waste. In **Box A**, the quantity of hazardous waste generated in 1999 is reported. In **Box B**, code 5 is entered, indicating that the unit of measurement for the quantity reported in **Box A** is gallons. Since gallons is a volumetric measure, density is also reported in **Box B**. **Box C** is checked "Yes" because the waste was discharged to a POTW. In **On-site System 1**, the System Type is recorded as M135 (Discharge to sewer/POTW), and the quantity of waste that entered the pre-treatment system is recorded, using the same unit of measure reported in Section II, **Box C**. The System Type in **On-Site System 2** is marked "NA" to indicate that no other system was used in the management of this waste.

Section III **Box A** is checked "No" to indicate that the waste was not shipped off site in 1999. **Boxes B through D are left blank.**

The wastewater treatment sludge is not reported on the same page as the rinse water. The sludge is considered a separate waste and is reported on Form GM, page 6 of 6.

EXAMPLES

(Continued)

FORM GM

OMB#: 2050-0024 Expires 11/30/2000

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Platers, Inc.
999 Industrial Highway
Mytown, YZ 99920-1056

EPA ID NO: EPA ID No.: YZD567890123



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Rinsewaters from electroplating operations characteristically hazardous for Cadmium.					
B. EPA hazardous waste code (page 12)			C. State hazardous waste code (page 13)			
<div> <div>D1006</div> <div>NA</div> <div>NA</div> </div>			<div> <div></div> <div></div> <div></div> </div>			
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)	
3471	1 System Type MNA	A22	1	B107	2	

Sec. II	A. Quantity generated in 1999 (page 15)		B. UOM (page 15)		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)	
		11836000 . 0	5 Density 1 . 00 <input type="checkbox"/> 1 lbs/gal <input checked="" type="checkbox"/> 2 sg		<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999 (page 16)		On-site process system type (page 16)		
M135		11836000 . 0		MNA		

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)			
<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
		M		1 . 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
		M		
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
		M		

Comments:

EXAMPLES

(Continued)

Forms Completed by Platers, Inc.

Form GM, page 6 of 6 (a hazardous waste that was a residual (wastewater treatment sludge) from the on-site treatment, disposal, or recycling of a previously existing hazardous waste).

Section I Waste characteristics. A narrative description of the waste is entered in **Box A**. The appropriate EPA hazardous waste code for the waste, F006, is entered in **Box B**; "NA" is entered in the remaining spaces for EPA hazardous waste codes. **Box C** is left blank because there are no State-defined hazardous waste codes applicable to the waste. The SIC code associated with the overall activities at the site, which is 3471 for plating and polishing, is entered in **Box D**. An Origin code of 5 is entered in **Box E**, indicating that the waste is a residual from the on-site recycling of a previously existing hazardous waste. The System Type code M077 is also entered in **Box E** to indicate that the residual was generated from a chemical precipitation system. The Source code for wastewater treatment, A75, is entered in **Box F**. Code 1 is entered in **Box G** because the waste was not mixed with any other wastes prior to being measured. The Form code for lime sludge with metals/metal hydroxide sludge, B502, is entered in **Box H**. Code 2 is entered in **Box I** because the waste is not mixed with radioactive materials.

Section II On-site generation and management of hazardous waste. In **Box A**, the quantity of the hazardous waste generated in 1999 is reported. In **Box B**, Code 2 is entered to indicate that the unit of measure for the quantity reported in **Box A** is tons. Density and density unit of measure are left blank because "tons" is not a volumetric unit of measure. **Box C** is checked "No" because the site did not treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW, and the site skips to Section III as instructed. Therefore, under **On-site Process Systems 1 and 2**, on-site process system type and quantity treated, disposed, or recycled on site are left blank.

Section III Off-site shipment of hazardous waste. In **Box A**, "Yes" is checked because the waste was shipped off site for management during 1999. The EPA ID number of the facility to which the waste was shipped is recorded in **Box B**. The off-site system type in which the waste was managed, M111 for stabilization/chemical fixation using cementitious and/or pozzolanic materials, is reported in **Box C**. Code 1 is entered in **Box D** to indicate that the off-site facility is a commercial hazardous waste management facility. The total quantity shipped in 1999 is entered in **Box E**, using the same unit of measure as reported in Section II, **Box B**. "NA" is marked in **Box B** for Site 2 and Site 3.

Because more waste was generated in 1999 than was sent off site for treatment and eventual disposal, the quantities reported in Section II, **Box A** (quantity generated in 1999) and in Section III, **Box E** (quantity shipped off site in 1999) are different.

EXAMPLES

(Continued)

FORM GM

OMB#: 2050-0024 Expires 11/30/2000

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Platers, Inc.
999 Industrial Highway
Mytown, YZ 99920-1056

EPA ID NO: EPA ID No.: YZD567890123



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12) Wastewater treatment sludge.					
B. EPA hazardous waste code (page 12)		F 0 0 6		N A		C. State hazardous waste code (page 13)	
		N A		N A			
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)		
3 4 7 1	5	A 7 5	1	B 5 0 2	2		
Sec. II		A. Quantity generated in 1999 (page 15)		B. UOM (page 15)		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)	
		5 0 . 5		2		<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2					
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999 (page 16)		On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999 (page 16)	
M				M			
Sec. III		A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)					
		<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)					
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)			
	A B D 5 8 6 8 1 0 3 4 9	M 1 1 1	1	5 0 . 0			
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)			
	N A	M					
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)			
	N A	M					
Comments:							

EXAMPLES

(Continued)

EXAMPLE 3 Waste Disposal, Inc.

Site Description

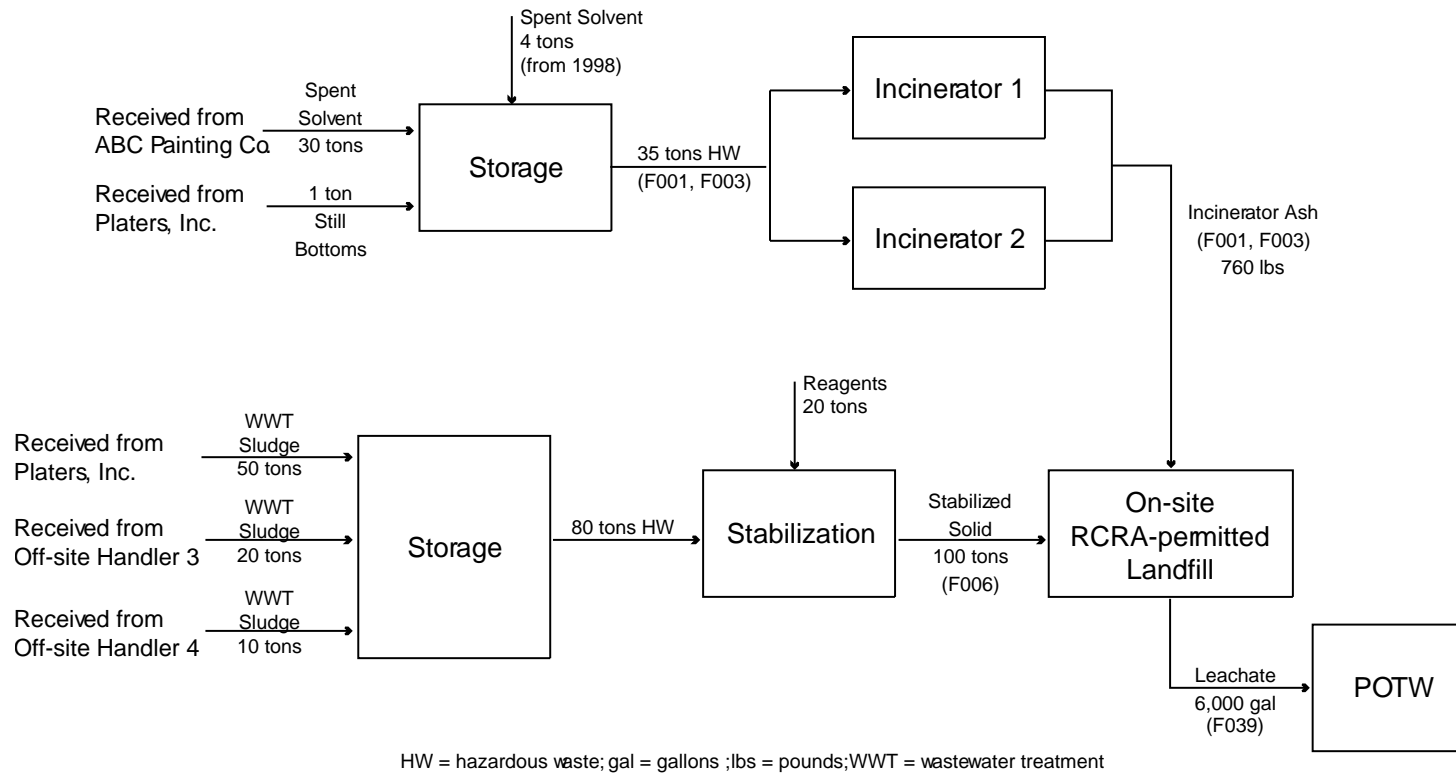
Waste Disposal, Inc. is a commercial hazardous waste treatment, storage, and disposal facility. The company receives combustible hazardous waste for incineration in two rotary kiln incinerators, both designed for incinerating liquids and sludges. The company also receives hazardous waste for cement-based stabilization. The resulting stabilized waste is disposed in an on-site RCRA-permitted landfill. The schematic diagram of the hazardous waste operations at this site is shown in Figure A-3.

Waste Management Activities

During 1999, Waste Disposal, Inc. received 30 tons of spent solvent from ABC Painting Co. (Example 1) and one ton of still bottoms from Platers, Inc. (Example 2) for incineration. In addition, four tons of spent solvent that had been stored on site at the end of 1998 were incinerated in 1999. The incineration process produced 760 pounds of ash which was disposed in the on-site landfill.

The company also received 80 tons of wastewater treatment sludge from three different generators; this waste was stabilized and then disposed in the on-site RCRA-permitted landfill. The total amount of hazardous waste entering the stabilization system during 1999 was 80 tons, and the amount exiting the stabilization system was 100 tons. About 6,000 gallons of leachate were recovered from the on-site landfill and discharged directly to a POTW (which is regulated under the Clean Water Act).

Figure A-3
1999 Hazardous Waste Management Activities at Waste Disposal Inc.



EXAMPLES

(Continued)

Forms Completed by Waste Disposal, Inc.

Form IC

Waste Disposal, Inc. is required to file the 1999 Hazardous Waste Report because it treated, stored, or disposed RCRA hazardous wastes during 1999. (See page i, WHO MUST FILE THE 1999 HAZARDOUS WASTE REPORT.) All sites required to submit the Biennial Report must fill out Form IC.

Form IC, page 1 of 7:

- Section I** Site name and location address. The site did not receive a pre-printed site identification label. Therefore, the site enters its name and EPA ID number in the top left-hand corner of the form, and enters its name, EPA ID number, and location address in **Boxes A through C** and **E through H**. In **Box D**, “No” is checked to indicate that the site’s name has not changed since 1997.
- Section II** Site mailing address. The site checks “No” in **Box A** to indicate that the mailing address is not the same as its location address reported in Section I. It enters the appropriate mailing address in **Boxes B through E**.
- Section III** Contact information. In **Boxes A through C**, the site enters the name, title, and telephone number of the person to be contacted with questions on the Biennial Report forms submitted by Waste Disposal, Inc.
- Section IV** Certification. **Boxes A through D** are completed and signed **after** all the Biennial Report forms are filled out.

EXAMPLES

(Continued)

FORM IC

OMB#: 2050-0024 Expires 11/30/2000

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Waste Disposal, Inc.

EPA ID NO: A|B|D| 5|8|6| 8|1|0| 3|4|9|



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
IC

IDENTIFICATION AND CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I	Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.		
A. EPA ID No. Same as label <input type="checkbox"/> or →	<u>A B D </u> <u>5 8 6 </u> <u>8 1 0 </u> <u>3 4 9 </u>	B. County Same as label <input type="checkbox"/> or →	<u>Universe</u>
C. Site/company name Same as label <input type="checkbox"/> or →	<u>Waste Disposal, Inc.</u>	D. Has the site name associated with this EPA ID changed since 1997? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → <u>250 Waste Treatment Boulevard</u>			
F. City, town, village Same as label <input type="checkbox"/> or →	<u>Mars</u>	G. State Same as label <input type="checkbox"/> or →	<u>A B </u>
		H. Zip Code Same as label <input type="checkbox"/> or →	<u>8 2 8 8 3 </u> - <u> </u>

Sec. II	Mailing address of site. Instructions page 7.		
A. Is the mailing address the same as the location address?	<input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address <u>P.O. Box 1000</u>			
C. City, town, village <u>Venus</u>	D. State <u>A B </u>	E. Zip Code <u>8 2 8 8 1 </u> - <u>1 0 0 0 </u>	

Sec. III	Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.		
A. Last Name <u>Shuttle</u>	First name <u>Robert</u>	M.I. <u>I.</u>	B. Title <u>Environ. Engineer</u>
C. Telephone Number <u>7 0 7 </u> <u>7 1 7 </u> - <u>7 1 7 0 </u>			Extension <u> </u>

Sec. IV	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.		
A. Last Name <u>Shuttle</u>	First name <u>Robert</u>	M.I. <u>I.</u>	B. Title <u>Environmental Engineer</u>
C. Signature <u>Robert I. Shuttle</u>			D. Date of signature <u>0 2 </u> <u>1 1 </u> <u>0 0 </u> Month Day Year

Over →

EXAMPLES

(Continued)

Forms Completed by Waste Disposal, Inc.

Form IC (continued), page 2 of 7:

The site enters its EPA number in the space provided in the top right-hand corner of the page.

Section V Generator status. Code 1 is checked in **Box A** to indicate that the site met the definition of a RCRA LQG in 1999. **Box B** is therefore skipped according to the instructions on the form.

Section VI On-site waste management status. In **Box A**, Code 2 is entered to indicate that the site used on-site storage tanks subject to RCRA permitting requirements during 1999. Code 3 is entered in **Box B** to indicate that the site had on-site treatment, disposal, or recycling subject to RCRA permitting requirements during 1999.

EPA ID NO. ABD 586 810 349

Sec. V Generator status. Instructions begin on page 8.	
A. 1999 RCRA generator status (CHECK ONE BOX BELOW) <input checked="" type="checkbox"/> 1 LQG <input type="checkbox"/> 2 SQG <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non-generator (CONTINUE TO BOX B)	B. Reason for not generating (CHECK ALL THAT APPLY) <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY IN COMMENTS BOX BELOW)
}	
SKIP TO SEC. VI	
Sec. VI On-site waste management status. Instructions page 10.	
A. Storage subject to RCRA permitting requirements <u>2</u>	B. Treatment, disposal, or recycling subject to RCRA permitting requirements <u>3</u>
Comments:	

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Forms Completed by Waste Disposal, Inc.**Form GM**

A site required to submit the 1999 Hazardous Waste Report must fill out Form GM for each RCRA hazardous waste that is generated and managed on site, or generated on site and shipped off site for management, unless the waste is managed in a system regulated under the Clean Water Act or Safe Drinking Water Act. If so, only one GM form has to be filled out using System Type codes M134 (Deepwell/underground injection), M135 (Direct discharge to sewer/POTW), or M136 (Direct discharge to surface water under NPDES). Therefore, Waste Disposal, Inc. filled out three GM forms for the following RCRA hazardous wastes:

- The incinerator ash (Form GM, page 3 of 7) generated from the on-site incineration of hazardous waste;
- The stabilized solid (Form GM, page 4 of 7) generated as a residual from the on-site treatment of hazardous wastewater treatment sludge; and
- The landfill leachate (Form GM, page 5 of 7).

EXAMPLES

(Continued)

Forms Completed by Waste Disposal, Inc.

Form GM, page 3 of 7 (a hazardous waste that was a residual (incinerator ash) from the on-site treatment, disposal, or recycling of a previously existing hazardous waste):

Before copying, or entering information on, this form, the site enters its name and EPA ID number in the top left-hand corner of the form.

Section I Waste characteristics. In **Box A**, a narrative description of the incinerator ash is entered. The appropriate EPA hazardous waste codes associated with the waste, F001 and F003, are entered in **Box B**; “NA” is entered in the remaining spaces for EPA hazardous waste codes. **Box C** is left blank because there are no State-defined hazardous waste codes applicable to the waste. The SIC code associated with overall activities at the site, 4953 for refuse systems, is entered in **Box D**. An Origin code of 5 is entered in **Box E** to indicate that the waste was a residual from the on-site treatment, disposal, or recycling of previously existing hazardous waste. The System Type code M041 is also entered in **Box E**, to indicate that the residual was generated predominantly from the incineration of liquids. In the Comments section at the bottom of the form, the site also enters M042 to indicate that the ash was a residual from the incineration of sludges. The Source code for incineration/thermal treatment, A74, is entered in **Box F**. Code 1 is entered in **Box G** because the waste was not mixed with any other wastes prior to being measured. The Form code for ash from incineration of wastes, B303, is entered in **Box H**. Code 2 is entered in **Box I** because the waste is not mixed with radioactive materials.

Because the ash is a residual that originated from two different types of incineration systems and Box E allows space for reporting only one System Type, the second System Type is reported in the Comments section, with a cross-reference to Section I, Box E.

Section II On-site generation and management of hazardous waste. In **Box A**, the quantity of the hazardous waste generated in 1999 is reported. In **Box B**, Code 1 is entered, indicating that the unit of measure for the quantity reported in **Box A** is pounds. Because “pounds” is not a volumetric measure, density and density unit of measure are left blank in **Box B**. In **Box C**, the site checks “Yes” because the waste is managed on site. Under **On-site Process System 1**, the System Type code for landfill, M132, and the quantity of waste managed on site are recorded. The quantity managed is reported in the same unit of measure as reported in **Box B**. The on-site process system type under **On-site Process System 2** is marked “NA” to indicate that no other System Type was used to manage this waste.

Section III Off-site shipment of hazardous waste. In **Box A**, “No” is checked because the waste was not shipped off site for management during 1999, and **Boxes B through E** are left blank according to the instructions on the form.

(Continued)

OMB#: 2050-0024 Expires 11/30/2000

Page 3 of 7

EXAMPLES

(Continued)

Forms Completed by Waste Disposal, Inc.

Form GM, page 4 of 7: A hazardous waste that was a residual (stabilized solid from treatment of wastewater treatment sludge) from the on-site treatment, disposal, or recycling of previously existing hazardous waste.

Section I Waste characteristics. In **Box A**, a narrative description of the stabilized waste is entered. The appropriate EPA hazardous waste code for the waste, F006, is entered in **Box B**; “NA” is entered in the remaining spaces for EPA hazardous waste codes. **Box C** is left blank because there are no State-defined hazardous waste codes applicable to this waste. The SIC code associated with the overall activities at the site, 4953 for refuse systems, is entered in **Box D**. An Origin code of 5 is entered in **Box E** to indicate that the waste was a residual from the on-site treatment, disposal, or recycling of previously existing hazardous waste. The System Type code M111 is also entered in **Box E** to indicate that the residual was generated from a stabilization system. The Source code for stabilization, A77, is entered in **Box F**. Code 1 is entered in **Box G** because the waste was not mixed with any other wastes prior to being measured. In **Box H**, the Form code for dry lime or chemically fixed metal hydroxide solids, B305, is entered. Code 2 is entered in **Box I** because the waste was not mixed with radioactive materials.

Section II On-site generation and management of hazardous waste. In **Box A**, the quantity of the hazardous waste generated in 1999 is reported. In **Box B**, Code 2 is entered, indicating that the unit of measure for the quantity reported in **Box A** is tons. Because “tons” is not a volumetric unit of measure, density and density unit of measure are left blank in **Box B**. **Box C** is checked “Yes” because the waste was managed on site. Under **On-site Process System 1**, the System Type code for landfill, M132, and the quantity of waste managed on site are recorded. The quantity is reported in the same unit of measure as reported in **Box B**. The on-site process system type under **On-site Process System 2** is marked “NA” to indicate that no other System Type was used to manage this waste.

Section III Off-site shipment of hazardous waste. In **Box A**, “No” is checked because the waste was not shipped off site for management during 1999. **Boxes B through E** are left blank according to the instructions on the form.

EXAMPLES

(Continued)

FORM GM

OMB#: 2050-0024 Expires 11/30/2000

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Waste Disposal, Inc.

EPA ID NO: A1B1D1 586 810 349



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) <u>Stabilized solid generated from stabilizing wastewater treatment sludge.</u>					
B. EPA hazardous waste code (page 12) <u>F006</u> <u>NA</u>		C. State hazardous waste code (page 13) <u>NA</u>			
D. SIC code (page 13) <u>4953</u>	E. Origin code (page 13) <u>5</u>	F. Source code (page 14) <u>A77</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B305</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II A. Quantity generated in 1999 (page 15) <u>10000</u>		B. UOM (page 15) <u>2</u> Density <u>1.1</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) <u>M132</u>	Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>10000</u>	On-site process system type (page 16) <u>MNA</u>	Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>1.1</u>

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>NA</u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>1.1</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u>NA</u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>1.1</u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u>NA</u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>1.1</u>

Comments:

EXAMPLES

(Continued)

Forms Completed by Waste Disposal, Inc.

Form GM, page 5 of 7: A hazardous waste that was a residual (landfill leachate discharged to a POTW) from the on-site treatment, disposal, or recycling of a previously existing hazardous waste.

Section I Waste characteristics. In **Box A**, a narrative description of the waste is entered. The appropriate EPA waste code for the waste F039 is entered in **Box B**; “NA” is entered in the remaining spaces for EPA hazardous waste codes. **Box C** is left blank because there are no State-defined hazardous waste codes applicable to this waste. The SIC code associated with the overall activities at the site, 4953 for refuse systems, is entered in **Box D**. An Origin code of 5 is entered in **Box E** to indicate that the waste is a residual from on-site treatment, disposal, or recycling of previously existing hazardous waste. The System Type code M132 is entered in **Box E** to indicate that the leachate was generated from a landfill. The Source code for leachate collection, A79, is entered in **Box F**. Code 1 is entered in **Box G** because the waste was not mixed with any other wastes prior to being measured. In **Box H**, the Form code for aqueous waste with low dissolved solids, B114, is entered. Code 2 is entered in **Box I** because the waste was not mixed with radioactive materials.

Section II On-site generation and management of hazardous waste. In **Box A**, the quantity of leachate generated in 1999 is reported. In **Box B**, Code 5 is entered, indicating that the unit of measure for the quantity reported in **Box A** is gallons. Since gallons is a volumetric unit of measure, density is also reported in **Box B**. **Box C** is checked “Yes” because the waste was discharged to a POTW. Under **On-site Process System 1**, the system code for discharge to sewer/POTW, M135, and the quantity of waste generated that is ultimately discharged to the POTW are reported. The quantity is reported in the same unit of measure as reported in **Box B**. The on-site process system type under **On-site Process System 2** is marked “NA” to indicate that no other System Type was used to manage this waste.

Section III Off-site shipment of hazardous waste. In **Box A**, “No” is checked because the waste was not shipped off site for management in a RCRA regulated unit during 1999. **Boxes B through E** are left blank according to the instructions on the form.

EXAMPLES

(Continued)

FORM GM

OMB#: 2050-0024 Expires 11/30/2000

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Waste Disposal, Inc.

EPA ID NO: A B D 5 8 6 8 1 0 3 4 9



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) Landfill leachate discharged to POTW.					
B. EPA hazardous waste code (page 12) F 0 3 9 N A		C. State hazardous waste code (page 13)			
D. SIC code (page 13) 4 9 5 3	E. Origin code (page 13) System Type M 1 3 2	F. Source code (page 14) A 7 9	G. Point of measurement (p. 14) 1	H. Form code (page 14) B 1 1 4	I. RCRA-radioactive mixed (page 14) 2

Sec. II A. Quantity generated in 1999 (page 15) 6 0 0 0 0 0		B. UOM (page 15) 5 Density 8 3 4 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Quantity treated, disposed, or recycled on site in 1999 (page 16) M 1 3 5 6 0 0 0 0		On-site process system type Quantity treated, disposed, or recycled on site in 1999 (page 16) M N A	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)

Comments:

EXAMPLES

(Continued)

Forms Completed by Waste Disposal, Inc.

Form WR

All wastes received from off site during 1999 and managed on site. One form has space to report three wastes received from off site. In this example, five hazardous wastes received from four generators are reported on two WR Forms – three wastes on one form and two on another form. Waste 1 on page 6 was received from the ABC Painting Co. (Example 1). Wastes 2 and 3 on page 6 were received from Platers, Inc. (Example 2). These two wastes from Platers are reported separately on Form WR.

Form WR, pages 6 and 7 of 7:

The site enters its name and EPA ID number in the top left-hand corner of the form.

Wastes 1, 2, and 3	In Box A , a narrative description of the waste received from off site is entered. In Box B , the site enters the appropriate EPA hazardous waste codes for the waste. Box C is left blank, unless the State defines separate waste codes relevant to the waste. The EPA ID number of the site from which the waste was received is entered in Box D . In Box E , the quantity received is entered. In Box F , the unit of measure is reported for the waste quantity recorded in Box E . If the unit of measure is volumetric, density and density unit of measure also are reported in Box F ; otherwise, they are left blank. In Box G , the appropriate Form code for the waste is entered. Box H indicates whether the waste was mixed with radioactive materials. In Box I , the appropriate System Type code for the system in which the waste was managed is reported.
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EXAMPLES

(Continued)

FORM WR

OMB#: 2050-0024 Expires 11/30/2000

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Waste Disposal, Inc.

EPA ID NO: A B D 5 8 6 8 1 0 3 4 9



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
WR

WASTE RECEIVED
FROM OFF SITE

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Waste 1	A. Description of hazardous waste (page 19) Ignitable spent solvent; mixture of xylene and acetone.	B. EPA hazardous waste code (page 20) <u>F 0 0 3</u> <u>N A</u> <u>N A</u> <u>N A</u>	C. State hazardous waste code (page 20) <u> </u> <u> </u>
	D. Off-site handler EPA ID number (page 20) <u>X Y D</u> <u>9 1 0</u> <u>8 4 8</u> <u>7 3 7</u>	E. Quantity received in 1999 (page 20) <u> </u> <u>7 5 0 0</u> . <u>0</u>	F. UOM (page 20) <u>5</u> Density <u>8</u> . <u>0 0</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code (page 21) <u>B 2 0 3</u>		H. RCRA-radioactive mixed (page 21) <u>2</u>	I. System type (page 21) <u>M 0 4 1</u>

Waste 2	A. Description of hazardous waste (page 19) Still bottoms, halogenated solvent.	B. EPA hazardous waste code (page 20) <u>F 0 0 1</u> <u>N A</u> <u>N A</u> <u>N A</u>	C. State hazardous waste code (page 20) <u> </u> <u> </u>
	D. Off-site handler EPA ID number (page 20) <input type="checkbox"/> Check if same as in Waste 1 <u>X Y D</u> <u>5 6 7</u> <u>8 9 0</u> <u>1 2 3</u>	E. Quantity received in 1999 (page 20) <u> </u> <u>1</u> . <u>0</u>	F. UOM (page 20) <u>2</u> Density <u> </u> . <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code (page 21) <u>B 6 0 1</u>		H. RCRA-radioactive mixed (page 21) <u>2</u>	I. System type (page 21) <u>M 0 4 2</u>

Waste 3	A. Description of hazardous waste (page 19) Wastewater treatment sludge.	B. EPA hazardous waste code (page 20) <u>F 0 0 6</u> <u>N A</u> <u>N A</u> <u>N A</u>	C. State hazardous waste code (page 20) <u> </u> <u> </u>
	D. Off-site handler EPA ID number (page 20) <input checked="" type="checkbox"/> Check if same as in Waste 2 <u> </u> <u> </u> <u> </u> <u> </u>	E. Quantity received in 1999 (page 20) <u> </u> <u>5 0</u> . <u>0</u>	F. UOM (page 20) <u>2</u> Density <u> </u> . <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code (page 21) <u>B 5 0 2</u>		H. RCRA-radioactive mixed (page 21) <u>2</u>	I. System type (page 21) <u>M 1 1 1</u>

Comments:

EXAMPLES

(Continued)

FORM WR

OMB#: 2050-0024 Expires 11/30/2000

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Waste Disposal, Inc.

EPA ID NO: A B D 5 8 6 8 1 0 3 4 9



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM
WR**

**WASTE RECEIVED
FROM OFF SITE**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Waste 1	A. Description of hazardous waste (page 19) Wastewater treatment sludge.		B. EPA hazardous waste code (page 20) <u>F 0 0 6</u> <u>N A</u> <u>N A</u> <u>N A</u>		C. State hazardous waste code (page 20) <u> </u> <u> </u>
	D. Off-site handler EPA ID number (page 20) <u>C D D 9 8 7 6 5 4 3 2 1</u>		E. Quantity received in 1999 (page 20) <u> 2 0</u> . <u>0</u>		F. UOM (page 20) <u>2</u> Density <u> </u> . <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code (page 21) <u>B 5 0 2</u>		H. RCRA-radioactive mixed (page 21) <u>2</u>		I. System type (page 21) <u>M 1 1 1</u>	

Waste 2	A. Description of hazardous waste (page 19) Wastewater treatment sludge.		B. EPA hazardous waste code (page 20) <u>F 0 0 6</u> <u>N A</u> <u>N A</u> <u>N A</u>		C. State hazardous waste code (page 20) <u> </u> <u> </u>
	D. Off-site handler EPA ID number (page 20) <input type="checkbox"/> Check if same as in Waste 1 <u>E F D 1 2 3 4 5 6 7 8 9</u>		E. Quantity received in 1999 (page 20) <u> 1 0</u> . <u>0</u>		F. UOM (page 20) <u>2</u> Density <u> </u> . <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code (page 21) <u>B 5 0 2</u>		H. RCRA-radioactive mixed (page 21) <u>2</u>		I. System type (page 21) <u>M 1 1 1</u>	

Waste 3	A. Description of hazardous waste (page 19)		B. EPA hazardous waste code (page 20) <u> </u> <u> </u> <u> </u> <u> </u>		C. State hazardous waste code (page 20) <u> </u> <u> </u>
	D. Off-site handler EPA ID number (page 20) <input type="checkbox"/> Check if same as in Waste 2 <u> </u> <u> </u> <u> </u> <u> </u>		E. Quantity received in 1999 (page 20) <u> </u> . <u> </u>		F. UOM (page 20) <u> </u> Density <u> </u> . <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code (page 21) <u>B</u> <u> </u>		H. RCRA-radioactive mixed (page 21) <u> </u>		I. System type (page 21) <u>M</u> <u> </u>	

Comments: